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& TRADEMARKO	Application Number	10/821,987						
TRANSMITTAL	Filing Date	April 12, 2004						
FORM	First Named Inventor	Bu Qin RUAN						
	Art Unit	3654						
(to be used for all correspondence after initial fil	ling) Examiner Name	Evan H. LANGDON						
Total Number of Pages in This Submission	Attorney Docket Number	A2000-0001-P001						
ENCLOSURES (Check all that apply)								
Fee Transmittal Form	Drawing(s)	After Allowance Communication to TC						
CC Form PTO-2038	Licensing-related Papers	Appeal Communication to Board of						
Amendment / Reply	Petition	Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)						
After Final	Petition to Convert to a Provisional Application	Proprietary Information						
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Ac	ddress Status Letter						
Extension of Time Request	Terminal Disclaimer	Other Enclosure(s) (please identify below):						
Express Abandonment Request	Request for Refund							
Information Disclosure Statement	CD, Number of CD(s)	_						
Certified Copy of Priority Document(s)	Landscape Table on CD	Cerrinia						
Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks  1. Return Receipt Postcard  2. Request for Certificate of Correction  3. Copy of Form PTOL-85  4. Copy of Notice of Recordation of A  5. Patent Bibliographic Information  6. Form PTO/SB/44	eturn Receipt Postcard equest for Certificate of Correction opy of Form PTOL-85 opy of Notice of Recordation of Assignment atent Bibliographic Information  NOV 0.4 2009  Of Correction						
	TURE OF APPLICANT, ATTORN	IEY, OR AGENT						
Firm Name Bergman & Song LLP								
Signature								
Printed name Michael Bergman  Date UCI 2 8 2009		Por No. 42 240						
Date UUI 2 8 2009 Reg. No.   42,318								
CERTIFICATE OF TRANSMISSION/MAILING								
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class man in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.								
Signature								

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PTO/SB/17 (10-07) Approved for use through 06/30/2010. OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE der the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. 10/821,987 ursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). .Application Number April 12, 2004 Filing Date FEE TRANSMITTAL First Named Inventor Bu Qin RUAN For FY 2008 Evan H. LANGDON **Examiner Name** Applicant Claims small entity status. See 37 CFR 1.27 Art Unit 3654 TOTAL AMOUNT OF PAYMENT (\$) \$100 A2000-0001 -P001 Attorney Docket No. METHOD OF PAYMENT (check all apply) Check ✓ Credit Card Money Order None Other (please identify): Deposit Account Name: Bergman & Song LLP Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charges fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity **Small Entity** Small Entity **Application Type** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) \$ 0.00 Utility Design Plant Reissue Provisional 0 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims **Total Claims** Extra Claims Fee (\$) Fee Paid (\$) **Multiple Dependent Claims** - 20 or HP = Fee Paid (\$) Fee (\$) «FlexTemp .00 \$ 0.00 \_\_TotalClai ms» HP = highest number of total claims paid for, if greater than 20. .00 Extra Claims Indep. Claims Fee (\$) Fee Paid (\$) -3 or HP = \$ 0.00 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is (for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Number of each additional 50 or fraction thereof Extra Sheets Fee Paid (\$) (round up to a whole number) x \$ 0.00 - 100 = .00 4. OTHER FEE(S) Fees Paid(\$) Non-English Specification, fee (no small entity discount) Other (e.g., late filing surcharge): Certificate of Correction \$100

SUBMITTED BY	6 1	10			:	
Signature		Sha	Registration No. (Attorney/Agent)	42,318	Telephone	617-868-8870
Name (Print/Type)	Michael Bergo	nan			Date	0C1 8 8 5009

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